SC Department of Archives and History MICROFILM TRANSMITTAL AND RECEIPT

SHIP TO:	1. Record Group #:	Name of Person Responsible for Transfer:		3. Date of Transfer (m/d/yyyy): 4/11/2002		
SC DEPARTMENT OF ARCHIVES AND HISTORY 8301 Parklane Road Columbia, SC 29223	4. Phone Number:	Cite Security Classification and/or restrictions (if any):		6. Number of Microfilm Rolls: 16mm 35 mm	Total	
	7. Number of Fiche Sheets:	8. Date Placed in Vault (Staff) (m/d/yyyy):		9. Placed in Vault by: (Staff)		
Fax: 803-896-6138 (Questions: 803-896-6210)	10A. FROM (Microfilmed by):		10B.FOR (Government Office):			
11, Series/Schedule Number:	12. Title of Records Series (C	only one Record Series	per Transmittal):			

Complete Boxes 2 - 7 and 10A - 17. Archives Staff will complete Boxes 1, 8, 9 and 18.

13. Microfilm	14. Roll Contents (List beginning and ending files for each)	15 Inclusive	16 Doto	17 Posidual	19 Socurity
Roll or Fiche ID Code	14. Roll Contents (List beginning and ending files for each)	or Span dates	Film Eligible for Destruction	Thiosulfate Test Results:	18. Security Vault Location (Staff)
	petronic MSWord – March 2002			Page 1	1

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13. Microfilm Roll or Fiche ID Code	14. Roll Contents (List beginning and ending files for each)	15. Inclusive or Span dates	16. Date Film Eligible for Destruction	17. Residual Thiosulfate Test Results:	18. Security Vault Location (Staff)		